DEPT. COMM. NO. 315

EXECUTIVE CHAMBERS
KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA

January 24, 2025

The Honorable Ronald D. Kouchi,
President, and Members
of the Senate
Thirty-Third State Legislature
State Capitol, Room 409
Honolulu, Hawai'i 96813

The Honorable Joy A. San Buenaventura
Chair, Senate Committee on Health and
Human Services
Thirty-Third State Legislature
State Capitol, Room 213
Honolulu, Hawai'i 96813

Aloha Senate President Kouchi and Chair San Buenaventura:

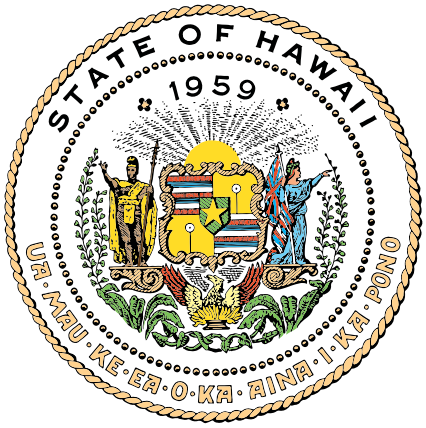
Pursuant to Senate Resolution 122 (2024), please find attached the requested report to the Legislature.

Should you have any questions, please do not hesitate to contact me.

Mahalo,

Michael Champion, M.D.
Senior Advisor for Mental Health
and the Justice System

Attachments: SR122 Report to the Legislature



In Response to Senate Resolution 122, Urging the Governor's Senior Advisor for Mental Health and the Justice System to Define Their Role and to Provide an Annual Report to the Legislature on the Progress the State has made towards Jail Diversion

Dr. Michael Champion, M.D.
Senior Advisor for Mental Health and the Justice System
Office of the Governor

January 7, 2025

Section I: Activities of the Senior Advisor for Mental Health and the Justice System

Behavioral health conditions are widespread, impacting people across socioeconomic levels. The Covid-19 pandemic illuminated the need for behavioral health services in our communities. Behavioral health crises have reached an epidemic proportion. Many communities do not have a system of services that are specifically designed to address the needs of people experiencing a behavioral health crisis. Lack of access to an appropriate crisis response frequently results in law enforcement acting as first responders, leading to a risk of unnecessary arrest and incarceration for those in need of behavioral health services and a trajectory into the criminal justice system. Nationwide, it is more likely than not that a person with a serious mental illness will encounter the criminal justice system. The justice system was never intended to serve as the safety net for the public mental health system and is ill-equipped to do so. Applying a criminal justice model to a public health issue is not the answer. Inadequate responses to a behavioral health crisis can lead to great personal, social, and economic impact and consequences.

Hawai‘i’s communities mirror these national realities and trends. There is a clear need for developing solutions along the justice involved pathway guided by the Sequential Intercept Model as a planning tool. There also is a clear pressing need to develop upstream capacity and interventions that impact key social determinants of health including housing stability and access to healthcare services, particularly substance use disorders and untreated serious mental health conditions which are root causes of chronic unsheltered homelessness. Those with serious mental illness and chronic substance abuse comprise a significant proportion of Hawai‘i’s homeless population. Across the neighbor islands, Hawai‘i’s homeless with such struggles accounted for the lion’s share of the increasing homeless population. From 2018 to 2023 there was a 7.8% increase in total homeless population with a 38.6% increase in those with a serious mental illness and 27.9% increase in those with chronic substance abuse. The 2024 PIT count for Honolulu County revealed that 33% reported a mental illness and 26% reported a substance use disorder. The 2024 PIT count for Maui, Hawai‘i, and Kaua‘i counties revealed that 34% reported a mental illness and 28% reported a substance use disorder.

Fortunately, there is alignment around the need to expediently address these realities and redesign and transform Hawai‘i’s interconnected mental health and justice systems. A redesigned and transformed system of care will be oriented around ensuring adequate access to appropriate, culturally responsive, and trauma-informed prevention and treatment services in the community, minimizing unnecessary involvement of people with mental illnesses in the criminal justice system.

This is outlined below and emphasized in the Sequential Intercept Model (SIM) Intercepts 0-2. Issues arising at the intersection of the mental health and justice system cross executive branch departmental boundaries. Successful solutions require a multi-jurisdictional and interagency approach to problem-solving and implementation along with collaboration with Hawai‘i’s Judicial Branch. Addressing homelessness, mental health, substance use disorders, and public health are aligned priorities. The Office of the Governor is fully engaged in providing seamless support to Executive Branch departments as we all work together to develop and implement

effective collaborative solutions. The Senior Advisor for Mental Health and the Justice System (Senior Advisor) supports the development and implementation of the Governor's agenda including serving as a policy advisor, subject matter expert, and working to support Executive Branch departments in collaborative cross-agency initiatives.

Focus of the work thus far has been focused on SIM Intercepts 0-2 including expanding the crisis care continuum to include behavioral health crisis intervention centers (BHCC) for deflection out of arrest, enhancing post-booking/pre-trial diversion for persons experiencing mental health conditions as an alternative to the fitness to proceed pathway, and developing pathways to care for persons experiencing homelessness to address Hawai'i's homeless public health emergency.

The Senior Advisor led a multiagency planning process to develop Hawai'i's first BHCC located in urban Honolulu and supported the development and planning process for kauhale that include social and health services. Since July, he has worked collaboratively with executive branch departments, the Governor's Homeless Coordinator, Mayor of the City and County of Honolulu's team, and community providers to develop pathways to care for homeless persons with medical and behavioral health needs. This includes a coordinated planning process across the public and private sectors to develop capacity at the hospital, long term care, medical respite, and community services levels of care. This includes attending the Hawai'i Interagency Council on Homelessness and will continue to do so moving forward.

Collaborative and Coordinated Partnering

To address the homeless public health emergency on Oahu, full engagement and partnership between the State and the City and County of Honolulu is needed. The Senior Advisor bridges communication and coordination between the State Executive Branch and the Mayor's Cabinet. He meets regularly with Mayor Blangiardi, Managing Director, Deputy Managing Director, Chief of Staff, and the Mayor's leads for community services, homelessness, land management, emergency services, corporation counsel, and law enforcement to identify and develop pathways to care for homeless individuals. These meetings have included the Governor's Chief of Staff, Homeless Coordinator, Senior Advisor for Housing, Director of Health, Director of Corrections and Rehabilitation, Director of Human Services, Director and Deputy Director of Law Enforcement, MedQuest Director, Deputies AG, and relevant staff. Partners in Care, Institute for Human Services, Queens Health Systems, Dr. Scott Miscovich, and Waikiki Safe and Sound have also participated. The Mayor has the Senior Advisor lead these meetings, which have occurred eight times since September 2024.

Meetings have included reviewing current capacities of evaluation and stabilization services, housing solutions including kauhale, development of care pathways, roles of outreach teams, and information sharing. Pathways of care include those for individuals in crisis, those at imminent risk, those with subacute needs, and those with long term medical and behavioral health needs. Two meetings involved reviewing existing state statute with representatives from the Department of Attorney General and Corporation Counsel to develop an aligned understanding of the legal framework to support pathways to care. This involved reviewing sections of Hawai'i Revised Statutes (HRS) chapter 334, including the definitions of imminent danger to self and others, involuntary transport (initiated by law enforcement, certain professionals, and licensed

clinicians), emergency examination, emergency hospitalization, and treatment over objection including Assisted Community Treatment. Discussions of pathways included addressing the need for coordinated communication and action between outreach providers, Honolulu Police Department, EMS, the Iwilei Resource Center (Behavioral Health Crisis Center), A‘ala Medical Respite, and Queens Medical Center. The group continues to meet regularly as a larger group and as smaller action-focused teams as needed. In particular, the Senior Advisor works in an action-focused team with Scott Miscovich, MD, from Premier Medical Group, operating the A‘ala Medical Respite and Kauhale and Jim Ireland, M.D., Director of the Honolulu Emergency Services Department on case specific and program planning and implementation.

The Critical Role of Crisis Outreach Response and Engagement

Crisis Outreach Response and Engagement (CORE) is a critical outreach component of the city and county’s Emergency Services Department. CORE promptly responds to non-violent crisis calls within the community that do not require immediate law enforcement response or medical attention. The response team comprises paramedics, emergency medical technicians and community health workers who are skilled in interpersonal engagement, relationship building, compassion, problem-solving, and crisis prevention intervention. Through collaborative efforts and partnerships with various programs and community organizations, CORE offers essential services to Oahu’s unsheltered population. CORE is dedicated to establishing a diverse response system that adapts to the needs of the individual, the community, and the resources available to the responders. Once the identified crisis is resolved, CORE implements a participant-centered follow-up routine that involves continuous assessments of needs and connections to community resources when necessary. The CORE program is also supported by the state with federal funds.

CORE’s team engages individuals in the community who have high levels of ongoing need that have typically led to extremely high-cost service delivery in emergency department hospital settings. Some individuals are not consistently connected to care/service providers resulting in continual cycling through the system of hospitals, encounters with law enforcement, cellblock, the courts, and jail without demonstrable improvement in their lives or the community around them. Our multiagency collaborative meetings have included key homeless service organizations and medical organizations. This directly led to convening a focused action team to collaborate with CORE and review those identified as having highest need and through active case conferencing, developing pathways to ongoing care and connection with service providers. Participants in the team and case conferencing have included Partners in Care, Institute for Human Services, and Hawaii Health and Harm Reduction Center and their teams, Queens Health System, Premier Medical Group/A‘ala Respite, and Department of Health.

To understand the issues and view from the street, homeless individuals in need, and the challenges and successes of our service providers, the Senior Advisor accompanied the CORE team in the field, responding to calls in urban Honolulu. The Senior Advisor worked alongside CORE’s community outreach workers and EMTs in providing field assessments and supported triaging through their command post. This enabled the team in the field to join in behavioral health assessment and support decision making for pathways involving involuntary transport and triaging to levels of care for physical and mental health needs. Three interactions stand out as

examples of how these efforts have resulted in better outcomes for individuals receiving CORE assistance.

1. CORE responded to a call of a person who was living chronically unsheltered, had multiple medical needs including wound care, and no knowledge of available community resources. The team assessed and offered help. The individual agreed to be transported to A‘ala Medical Respite and there received evaluation, treatment, shelter, and food. With onsite support, this individual was connected with ongoing social services and moved into one of the 30 kauhale tiny homes on the property.
    - *Takeaway:* many people live unsheltered and vulnerable with complex medical conditions; medical respites are an alternative to costly and resource intensive care in an emergency department. Community outreach that serves as a conduit to medical respite can be a portal to enter housing with supports.

2. CORE responded to a call of a person who had been laying prone for several days at a busy bus stop. The person’s clothes were soiled with urine, was malnourished, appeared dehydrated, and was disoriented. The person was vulnerable and not able to protect self, satisfy need for essential medical care, or sustenance without assistance. The team was ready to coordinate an involuntary transport if needed. However, with the team’s assessment, engagement and offer to help, the person agreed to come to A‘ala medical respite. This began a connection with services.
    - *Takeaway:* persistent outreach, contact, and offering help in the field can lead to people assenting to next steps in care even when initially reluctant to accept. Persistent empathetic engagement is a key to success.

3. CORE responded to a call of a person sitting in a wheelchair on a busy street corner in the direct intense sun for an extended period. The team mobilized and assessed. The person had a lower extremity amputation, had soiled clothes in contact with open pressure sores, had extensive sun burnt skin, was profusely sweating, disoriented and agitated. The team assessed that further evaluation required emergency department level of care. The team offered to assist with transport to a nearby emergency department, but the person adamantly and strenuously said, “NO; I don’t want help!” The Senior Advisor huddled with the team on the sidewalk and assisted with the determination that there was reason to believe that the person’s condition represented an imminent danger to self and action was needed to bring to the emergency department. The person was wheeled from the street to the triage area of the emergency department and when encountering the hospital staff again strenuously said, “NO; I don’t need help!” The Senior Advisor huddled with the hospital triage team, reviewed the field assessment and criteria for imminent danger to self/emergency examination and assisted with critical information exchange. The person was evaluated in the emergency department, found to have at least four life threatening acute medical conditions, and admitted to the intensive care unit for life saving intervention and stabilization.
    - *Takeaway:* many people are living unsheltered and are hours to days away from dying from unassessed and untreated acute physical and mental health needs. Individuals are living and dying in the streets as people pass by, not uncaring, but unsure of the ability to act.

Insights from Field Work

The value and lessons of CORE is that we can take action. Developing an aligned understanding of what existing statutes enable when people have diminished insight allows us to take steps to address both personal and community risk effectively and humanely.

This direct involvement with efforts of the larger team and in the field have enabled the Senior Advisor to use his experience and expertise as a physician and subspecialist in legal/forensic psychiatry to support understanding of the law and care pathways, collaborative program development, and coordinated actions to impact the lives of people in our community. The intersection of mental conditions and individual/community rights at the point that impacts personal and public health and safety is complex. Collaborative learnings and understandings developed in these meetings and in the field has impacted decision making that directly impacts community engagement and supports a broader paradigm shift where we, as professionals and citizens, lean into compassionate engagement together.

Feedback from Stakeholders

Along with the work with the larger team and in the field, the Senior Advisor, working with Dr. Miscovich, held a series of meetings with leadership and staff of key stakeholders/organizations in the homelessness and health spaces to gather input. A major focus was to determine what was effective and what was ineffective in addressing homelessness, including prevention. Dr. Miscovich has extensive experience and background in developing and implementing community-based health solutions. Often these meeting required subsequent follow up meetings to clarify and cross-reference key findings arising in other meeting with other groups.

Stakeholders included: Homeless service providers, state departments, health systems (including leadership of emergency and behavioral health services), federally qualified health centers (FQHC), substance use providers, youth service providers, and health services providers/plans.

Key takeaways on needs informing next steps:

- A comprehensive plan with focus on upstream and preventative services addressing the root causes of homelessness (SIM 0-2), specifically a campaign to address the stigma of mental illness and substance use disorders along with education about relevant community resources.

- Significantly increased focus on subpopulations of homeless individuals with emphasis on those experiencing untreated serious mental health conditions (SMI) and substance use disorders (SUD). This includes tailored interventions for those with neurocognitive conditions, physical conditions, SUD, and SMI. Create focused outreach and treatment for women experiencing homelessness including addressing trauma related issues in supportive safe environments.

- Build and scale up capacity for facility-based treatment for those who are not involved with the criminal legal system including community psychiatric units, long term care settings, crisis centers, and Hawai‘i State Hospital.

- Intensive mobile treatment services for persons with serious mental health conditions with clinicians working directly in the field. This includes support for petitioning and implementing Assisted Community Treatment. Capacity for street medicine and also delivering mobile services to kauhale.

- Additional residential SUD program capacity including for detox, co-occurring disorders (mental health conditions and substance use disorder), and clean and sober housing.

- Continue to scale up implementation of the Behavioral Health Crisis Center in Iwilei along with building capacity for crisis stabilization beds.

Holistic Approach to Homelessness in Hawai‘i: Integrating the Social Health System

As documented and demonstrated above, Hawai‘i faces a significant challenge in addressing the needs of its homeless population, especially those with SMI and SUD. These groups place a disproportionate strain on state resources allocated to the housing crisis. To respond effectively, the administration is adopting a holistic approach that integrates Hawai‘i’s social health system, ensuring sustainable and long-term solutions. This strategy emphasizes integration, prevention, and sustainability, aligning with best practices to address the root causes of homelessness and promote stability.

At the core of Hawai‘i’s approach is the integrated social health system, which incorporates the Housing First model as a foundational intervention. This model provides permanent supportive housing coupled with behavioral health services, case management, and substance use treatment. Facilities like the Behavioral Health Crisis Center in Iwilei further complement this system by reducing reliance on emergency departments through targeted care for mental health and substance use crises. Service coordination is also enhanced through cross-sector partnerships between healthcare providers, housing agencies, and social services, supported by integrated data systems that track and coordinate care to prevent individuals from falling through the cracks. Preventive and outpatient care play a vital role in this framework, with mobile crisis teams delivering on-site care to individuals experiencing behavioral health crises, reducing escalation and reliance on law enforcement. Community outreach programs engage individuals in unsheltered environments, connecting them to treatment and housing services early. Targeted funding initiatives, such as leveraging Medicaid’s flexibility to fund housing-related services, and investments in transitional and permanent housing units, address the immediate and long-term housing needs. Additionally, workforce development efforts expand the pool of trained behavioral health professionals and peer support specialists, fostering trust and engagement with vulnerable populations.

These combined efforts aim to reduce reliance on crisis services, improve housing stability, enhance health outcomes, and achieve cost savings by decreasing emergency and criminal justice expenditures. By integrating housing with behavioral health and social services, Hawai‘i prioritizes long-term stability and recovery for its most vulnerable populations. This approach not only addresses immediate needs but also builds a resilient social health system capable of promoting community well-being and health equity.

The complexities of homelessness and behavioral health challenges in Hawai‘i underscore the urgent need for a strategy that bridges healthcare, housing, and social services to create a cohesive support system. This approach envisions transforming urban spaces into hubs of integrated care, leveraging partnerships among health providers, housing agencies, and community organizations to address the unique challenges of densely populated areas. By focusing on prevention, early intervention, and sustainable housing solutions, this approach targets systemic inequities and improves access to essential services for vulnerable populations, fostering healthier and more resilient communities where everyone has the opportunity to thrive.

The following sections outline the Sequential Intercept Model (SIM) and how Hawai‘i programs correspond to SIM intercepts, along with proposed administrative bills and budget items to advance the goals of each intercept.

Section II: Overview of the State of Hawai‘i’s Sequential Intercept Model (SIM)

The Sequential Intercept Model (SIM) is designed to provide a structured framework for addressing the intersection of criminal justice and mental health systems. This model highlights critical points of intervention or "intercepts" where community-based services can potentially prevent individuals with mental health disorders from entering the criminal justice system. Hawai‘i’s use of the SIM has been integral in guiding reforms and initiatives aimed at reducing unnecessary incarceration and enhancing support for individuals with mental health and substance use disorders. The Sequential Intercept Model detailed below highlights programs and functions of state and county agencies across the following intercepts:

- *Intercept 0: Community systems:* Represents a proactive, community-based approach aimed at diverting individuals away from the criminal justice system altogether, focusing on prevention and early intervention before legal involvement occurs.

- *Intercept 1: Law enforcement and emergency services:* Focuses on early intervention during encounters with law enforcement and emergency services, aiming to redirect individuals toward treatment and support instead of arrest and incarceration.

- *Intercept 2: Initial Detention/Initial Court Hearings***:** Focuses on the critical period following arrest—during initial detention and court hearings—providing opportunities for screening, assessment, and diversion into treatment programs rather than continued processing through the justice system. Coordination among law enforcement, courts, and behavioral health providers is essential for effective diversion efforts.

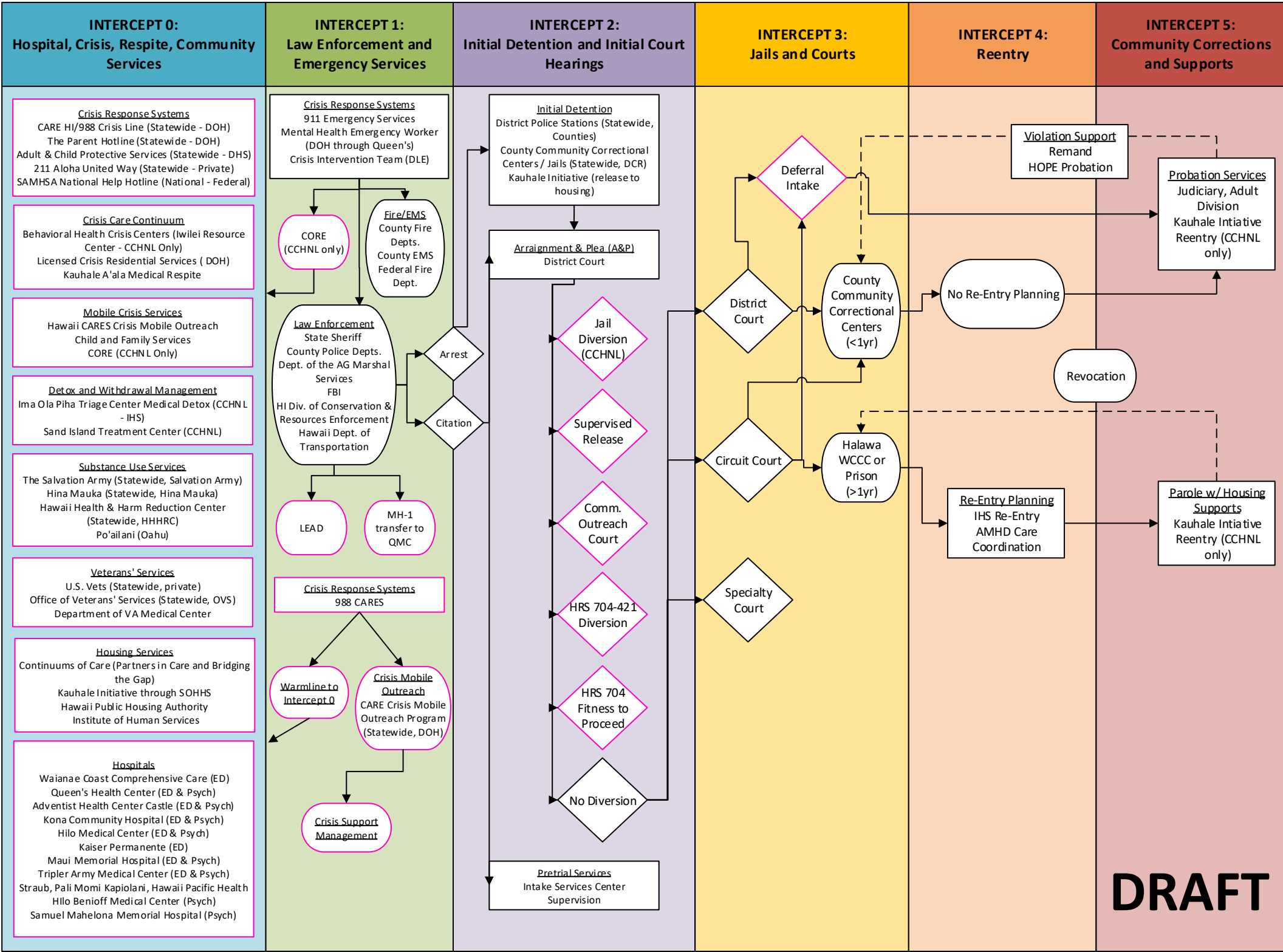
- *Intercept 3: Jails and Courts:* Focuses on interventions during incarceration in jails and interactions with courts. This stage provides opportunities for screening, treatment, and diversion into community-based care, reducing the likelihood of prolonged justice system involvement.

- *Intercept 4: Reentry from jails, prisons, and hospitals:* Focuses on reentry, addressing the transition of individuals from incarceration or forensic hospitals back into the community. This stage is critical for ensuring continuity of care, reducing recidivism, and supporting successful reintegration.

- *Intercept 5: Community corrections:* Focuses on the community corrections phase, which involves probation, parole, and other forms of post-incarceration supervision. This stage provides critical opportunities to connect individuals with supportive services and prevent re-offending by addressing behavioral health needs and promoting stability.

The Senior Advisor has focused primarily on crisis, deflection and diversion efforts in the state, or programs that fall within Intercepts 0 – 2. Collectively, the initiatives discussed in the subsequent report reflect Hawai‘i’s commitment to implementing the SIM, aiming to create a more effective and humane approach to criminal justice that addresses the underlying issues of mental health and substance use.

Figure 1: State of Hawai'i's SIM Table & Programs



Intercept Programs 0-2 (Crisis, Deflection, and Diversion Programs)

Intercept 0

Overview: Hospital, Crisis, Respite, Community Services

- Connects people who have mental, and substance use disorders with services before they come into contact with the criminal justice system.
- Supports law enforcement in responding to both public safety emergencies and mental health crises.
- Enables diversion to treatment before an arrest takes place.
- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.

Key Elements of Intercept Zero

1. Community-Based Services
   - Intercept Zero emphasizes strengthening community mental health and substance use treatment systems to ensure that individuals receive care before reaching crisis.
   - Examples include mobile crisis teams, crisis stabilization units, behavioral health urgent care, and outpatient treatment programs.
2. Crisis Response Systems
   - Expanding access to 24/7 crisis hotlines, warm lines, and mobile crisis units.
   - Programs like the National Suicide Prevention Lifeline (now 988) and crisis intervention programs reduce reliance on law enforcement for behavioral health emergencies.
3. Outreach and Engagement
   - Outreach efforts target individuals experiencing homelessness, substance use disorders, or mental health crises to connect them with resources early.
   - Peer support specialists and community health workers often play key roles in building trust and encouraging engagement in services.
4. Collaboration Across Systems
   - Intercept Zero encourages collaboration among healthcare providers, housing agencies, social services, and law enforcement to address the root causes of behavioral health crises.
   - Establishing care coordination and integrated service models prevents individuals from falling through the cracks.

Intercept 0 Programs in Hawai‘i

- ***Hawai‘i CARES (****Coordinated Access Resource Entry System)* ***/ 988 Crisis Line****:* Provides immediate phone counseling and support to residents in crisis as well information on mental and behavioral health services; DOH contracts with provider.
- **Certified Community Behavioral Health Clinics (CCBHC)**: Offers comprehensive integrated services for all ages including crisis services, ensuring access to behavioral health care. Expands services at Community Mental Health Centers and operated by DOH.

- **Crisis Stabilization Beds**: Available in multiple locations in each county for individuals needing short-term crisis support; DOH contracts with providers.
- **Mobile Crisis Services**: On-site intervention services for individuals in crisis. Services include assessment, mental health screening, and medical screening, as well as information about linkage to community-based services. For individuals in crisis who are not already linked with mental health services, Crisis Support Management (CSM) provides time-limited case management to assist with returning the individual to a pre-crisis state and linking them to necessary services; DOH contracts with providers.
- **Licensed Crisis Residential Services**: Provides temporary residential support for individuals in crisis. LCRS is a structured residential alternative or diversion from psychiatric inpatient hospitalization. DOH contracts with providers.
- **Detox and Withdrawal Management**: Detox and support services like those provided at the ʻIma Ola Piha Triage Center in urban Honolulu, with evolving funding sources.
- **Aʻala Medical Respite:** The facility includes 62 total beds—32 treatment beds at the former First Hawaiian Bank building in urban Honolulu and 30 adjacent kauhale tiny homes—where patients can receive round-the-clock care and services from an on-site physicians and staff.

Goals and Outcomes of Intercept Zero

- Divert Individuals from Criminal Justice: By addressing behavioral health needs early, Intercept Zero reduces unnecessary contact with law enforcement and minimizes criminal justice involvement.
- Promote Health and Stability: Preventive services help individuals stabilize through access to housing, healthcare, and social support, addressing the root causes of crises.
- Decrease Costs: Reducing reliance on emergency services and the criminal justice system alleviates financial burdens on communities while improving health outcomes.

Intercept 0 Administration Priorities

Legislative Proposals in the Admin Package

- *HTH-47(25):* Establish a pilot program in the Department of Health to provide Intensive Mobile Treatment-type services prioritizing chronically houseless people suffering from serious brain disorders like schizophrenia and schizoaffective disorder.

- *HMS-14(25):* Makes the Safe Spaces for Youth Pilot Program permanent within the Office of Youth Services. Requires the program to collaborate with all state and county departments that offer services for youth to coordinate the identification of youth who are experiencing homelessness and placement of these youth at a shelter for homeless youth. Authorizes the Office of Youth Services to contract with nonprofit organizations to provide shelters for homeless youth. Requires the Office of Youth Services to submit a report twenty days prior to the regular session of the Legislature.

- *ATG-17(25):* Updates laws concerning advance health-care directives and advance mental health-care directives by adopting the 2023 Uniform Health-Care Decisions Act in amended form. The bill simplifies the process to execute an advance health-care directive.
    - In 2023, the Uniform Law Commission approved and recommended for enactment in all states the Uniform Health-Care Decisions Act (2023). While existing Hawai‘i laws address advance directives broadly, the Uniform Health-Care Decisions Act (2023) does so more comprehensively by dividing various types of advance directives into separate sections for power of attorney for health care, health-care instructions, and advance mental health-care directives. Among other things, the 2023 Uniform Health-Care Decisions Act expands upon the framework for determining whether an individual has capacity, removes legal hurdles for creating advance directives, addresses both advance health-care directives and advance mental health-care directives within the same statutory framework, and allows an individual to assent to a "Ulysses clause" in an advance mental health-care directive, which allows an individual to include an instruction that prevents the individual from revoking the advance directive if the individual is experiencing a psychiatric or psychological event specified in the directive.

Governor's Budget FY 26 and FY 27

Housing Support

- $500 million in FB25-FY27 to support workforce and low-income housing development to provide more housing options up and down the income ladder.
- $50 million in each fiscal year ($100 million total) for kauhale development. These include medical respite and semi-permanent housing.
- $10.8 million in FY26 and FY27 to restore general fund support for family assessment centers, the Housing First program, the Rapid Re-housing Program, and homeless outreach and civil legal services.

Community-Based Services

- $15 million in FY 26 and FY27 to provide loan forgiveness for critical workforce that support the continuum, including doctors, mental health professionals, and social workers. Healthcare Education Loan Repayment Program (HELP) prioritizes primary care and behavioral health specialists and those practicing in rural areas, including the neighbor islands. In exchange for a two-year commitment of full-time or half-time service, qualifying healthcare professionals would be eligible for loan repayments from $12,500 to $50,000.
- $15.7 million in general funds and $35.2 million in federal funds in FY26 and FY27 for critical Medicaid investments, including in-home and community-based services payments and applied behavioral analysis service payments.

Crisis Response Services

- 15 positions and $4.1 million in FY 26 and FY 27 to support Certified Community Behavioral Health Clinic services at Community Mental Health Centers.

- $44 million for improvements to Hawaii Health System Corporation facilities, including renovation of the Kona Community Hospital's Emergency Department.
- $25 million for the Kea'au Outpatient Center for the construction of critical facilities, including a Behavioral Health Center.

Intercept 1

Overview: Law Enforcement and Emergency Services

- Begins when law enforcement responds to a person with mental or substance use disorders.
- Ends when the individual is arrested or deflected out of arrest and into treatment.
- Is supported by training, programs, and policies that help behavioral health providers and law enforcement to work together.

Key Components of Intercept One

1. Crisis Intervention Training (CIT) for Law Enforcement
   - CIT programs equip law enforcement officers with the skills to recognize and respond effectively to individuals experiencing mental health or substance use crises.
   - Officers are trained to de-escalate situations, minimizing the likelihood of arrests or use of force, and to connect individuals with appropriate resources.
2. Co-Responder Models
   - In these programs, mental health professionals work alongside law enforcement officers during crisis calls.
   - Co-responder teams can assess individuals on-site and facilitate immediate access to mental health services, reducing reliance on jail or emergency rooms.
3. Deflection From Arrest Programs
   - Intercept One includes deflection strategies that redirect individuals from the criminal justice system to community-based care.
   - Pre-arrest deflection programs, such as Law Enforcement Assisted Diversion (LEAD), provide alternatives to arrest and incarceration for low-level offenses often linked to behavioral health issues.
4. Drop-Off or Behavioral Health Crisis Stabilization Centers
   - Law enforcement officers can transport individuals in crisis to specialized facilities that provide stabilization and treatment, rather than arresting them.
   - These centers offer short-term care and connection to longer-term services, easing the burden on emergency departments, courts, and jails.

Intercept 1 Programs in Hawai'i

- **Mental Health Emergency Worker (MHEW)**: Offers telephonic consultation statewide by a qualified mental health professional for law enforcement (DLE, counties) when officers encounter a person in need in the field; DOH contracts with provider.
- **Crisis Intervention Team (CIT)**: Specialized training and programs for law enforcement to effectively handle mental health crises, with local contracts in O'ahu, Maui, Kaua'i, and Hawai'i Island.

- **Behavioral Health Crisis Centers**: Law enforcement drop off/crisis stabilization centers; alternative to emergency department. Collaboration with law enforcement to provide assessment and immediate support in crisis situations. Each county is at different stages of implementation, ranging from initial planning to contracted services.
- **Homeless Outreach Teams (CORE):** A city-run program that deploys trained responders to assist the unsheltered population in non-violent emergency situations that do not require emergent medical assistance. Operational in City and County of Honolulu.
- **A‘ala Medical Respite**: Supports individuals needing health-related care, providing an alternative to traditional emergency care. Operational in City and County of Honolulu.

Goals and Outcomes of Intercept One

- Reduce Arrests: Prevent individuals with mental health and substance use disorders from entering the criminal justice system for behaviors linked to their conditions.
- Promote Access to Care: Redirect individuals to appropriate behavioral health services, addressing underlying issues and promoting recovery.
- Enhance Public Safety: Improve law enforcement’s ability to respond to crises while ensuring the safety of individuals and the community.
- Lower Costs: Decrease the financial burden on law enforcement, jails, and emergency departments by providing effective alternatives.

Intercept 1 Administration Priorities

Legislative Proposals in the Admin Package

- ATG-16(25): Revises Hawai‘i’s mental health laws to provide greater clarity for stakeholders and the public, as well as updating legal mechanisms to better help individuals suffering from mental illness or substance abuse. Improvements in these laws combined with medical advancements for mental health treatment and care are needed to optimize the State’s ability to ensure the welfare of all its citizens.
    - Clarifies and expands the circumstances and procedures available for emergency transportation, examination, and hospitalization under HRS chapter 334. Provides limits on liability for state and local governments and professionals during mental health emergency procedures while performing their duties in the course of employment. Expands the notice requirements for an emergency hospitalization to include an individual’s health-care surrogate and clarifies when notice to family members can be waived. Removes the authority of the family court to appoint a legal guardian in a proceeding for involuntary hospitalization. Removes the requirement that psychiatric facilities wait for a response on a notice of intent to discharge an involuntary hospitalization patient prior to discharge. Clarifies the circumstances under which a subject of an order for assisted community treatment can be administered medication over the subject’s objection. Provides limits on liability for an assisted community treatment provider. Modifies the administrative authorization of medical treatment over the patient’s objection to be reviewed by a single decision-maker who is a psychiatrist.

Governor's Budget FY 26 and FY 27

- $5.5 million in FY26 for psychiatric beds for inpatient adult mental health services.
- $750k across FY26 and FY27 for the Hawai‘i Criminal Justice Data Center.

Intercept 2

Overview: Initial Detention and Initial Court Hearings

- Involves people with mental and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate.
- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services.
- Includes post-booking release programs that route people into community-based programs.
- Interagency Collaboration: Coordination among law enforcement, courts, and behavioral health providers is essential for effective diversion efforts.

Key Components of Intercept 2

1. Screening and Assessment
   - Upon booking or during initial detention, individuals are screened for mental health conditions, substance use disorders, and other needs.
   - Tools such as the Brief Jail Mental Health Screen are commonly used to identify individuals requiring further intervention.
2. Pretrial Diversion Programs
   - These programs allow eligible individuals to avoid traditional prosecution by participating in treatment, education, or rehabilitation services.
   - Diversion decisions are typically made by prosecutors or judges, informed by the results of screening and assessments.
3. Specialized Court Practices
   - Judges, in collaboration with behavioral health providers, can order alternatives to incarceration, such as participation in mental health or substance use treatment programs.
   - Early connection to services promotes continuity of care and reduces the risk of further justice system involvement.
4. Legal and Behavioral Health Collaboration
   - Public defenders, prosecutors, and behavioral health professionals work together to identify and advocate for appropriate alternatives to detention.
   - Case managers and peer support specialists often play key roles in connecting individuals to services and ensuring compliance with diversion agreements.

Intercept 2 Programs in Hawai‘i

- **Honolulu Police Department Cellblock Clinical Services**: Provides screening and clinical services for detained individuals awaiting initial hearings; DOH contract.
- **Act 26/HRS 704-421 Diversion Program for Defendants Charged with Petty Misdemeanors Not Involving Violence or Attempted Violence**: Diversion program for defendants with petty misdemeanor non-violent charges and with fitness to proceed an issue, assessment, treatment, and linkage services while committed to the custody of the director of health. Delivered by DOH.
- **Post-booking/Pre-trial Jail Diversion**: A program inspired by the Miami-Dade Criminal Mental Health Project aimed at diverting individuals with non-violent petty misdemeanor and misdemeanor charges from the criminal justice system into community-based treatment and supports. Provides an alternative to the typical fitness to proceed pathway. Active in various circuits across Hawai‘i.
- **Specialty Courts**: Includes various courts addressing specific needs (e.g., Drug, Mental Health, Veterans) to facilitate rehabilitation and community support.
    - Community Outreach Court: COC is a criminal court that is designed to assist non-violent offenders who are charged with offenses that disproportionately impact the homeless community by making court attendance more accessible through holding court in community locations where offenders are found, resolving any active charges, and utilizing alternative sentences such as community service work in cases where prior court judgments could not be satisfied and offenders lack the present ability to pay fines and fees. By resolving these cases, the participants are in a better position to obtain basic necessities such as jobs, income assistance and housing.

Goals and Outcomes of Intercept Two

- Reduce Jail Admissions: By identifying and diverting individuals with behavioral health needs early, Intercept Two minimizes unnecessary jail detention for low-level offenses.
- Improve Access to Care: Early identification ensures timely referral to treatment services, promoting health and stability.
- Enhance Judicial Decision-Making: Providing courts with behavioral health information helps judges make informed decisions that prioritize treatment.
- Lower Recidivism Rates: Diverting individuals into treatment programs addresses root causes of offending behaviors, reducing the likelihood of re-arrest.

Intercept 2 Administration Priorities

Governor’s Budget FY 26 and FY 27

- $1.6 million across FY26 and FY27 for the Office of the Public Defender to provide 20% salary increases for 100 Deputy Public Defenders (DPDs) and 1 Assistant Public Defender.
- $350k in FY26 and $750k in FY27 for full year funding for 10.00 Clinical Psychologists that were added in FY25 with 6-month delay in hire.